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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/748,374
	Filing Date	December 29, 2003
	First Named Inventor	Xing SU
	Art Unit	1634
	Examiner Name	K. D. Salmon
	Attorney Docket Number	070702007500

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

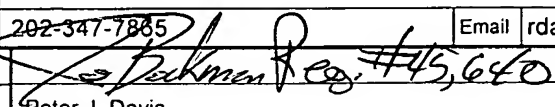
- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Attorneys of record have been discharged by the client in accordance with 37 CFR § 10.40(b)4.

CORRESPONDENCE ADDRESS

1. <input type="checkbox"/> The correspondence address is NOT affected by this withdrawal.					
2. <input checked="" type="checkbox"/> Change the correspondence address and direct all future correspondence to:					
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<input checked="" type="checkbox"/> Firm or Individual Name		Raj S. Davé, Ph.D.			
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<small>NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.</small>					